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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	105090-207
	First Inventor	Gregory B. Altshuler
	Title	METHOD AND APPARATUS FOR PERFORMING OPTICAL DERMATOLOGY
	Express Mail Label No.	EV 324850725 US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
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1. <input type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing) 2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages 31] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 13] 5. Declaration/POA [Total Sheets 3] a. <input checked="" type="checkbox"/> unexecuted b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies
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ACCOMPANYING APPLICATIONS PARTS

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| 9. <input type="checkbox"/> A copy of Assignment from parent filing | |
| 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement
(when there is an assignee) | <input type="checkbox"/> Power of Attorney |
| 11. <input type="checkbox"/> English Translation Document (if applicable) | |
| 12. <input type="checkbox"/> Information Disclosure
Statement (IDS)/PTO-1449 | <input type="checkbox"/> Copies of IDS Citations |
| 13. <input type="checkbox"/> Preliminary Amendment | |
| 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
(Should be specifically itemized) | |
| 15. <input type="checkbox"/> Certified Copy of Priority Document(s)
(if foreign priority is claimed) | |
| 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).
Applicant must attach form PTO/SB/35 or its equivalent. | |
| 17. <input type="checkbox"/> Other: | |

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.:

Prior application information: Examiner

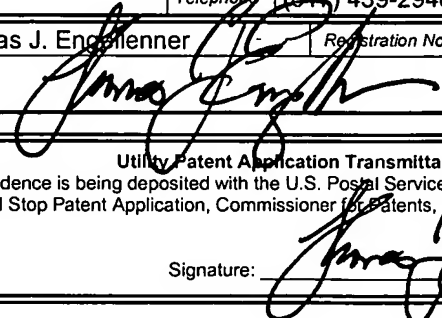
Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	021125	or <input checked="" type="checkbox"/> Correspondence address below
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Name	NUTTER MCCLENNEN & FISH LLP Thomas J. Engellenner				
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City	Boston	State	MA	Zip Code	02210-2604
Country	US	Telephone	(617) 439-2948	Fax	(617) 310-9948

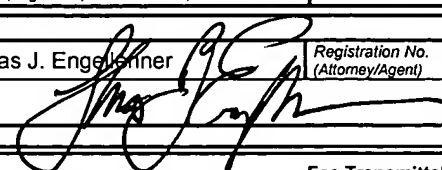
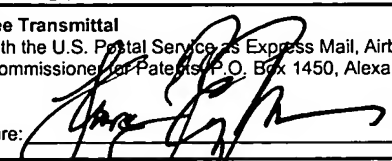
Name (Print/Type)	Thomas J. Engellenner	Registration No. (Attorney/Agent)	28,711
Signature		Date	November 12, 2003

Utility Patent Application Transmittal

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 324850725 US, in an envelope addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: November 12, 2003

Signature:  (Thomas J. Engellenner)

FEE TRANSMITTAL for FY 2003				Complete if Known			
Effective 01/01/2003, Patent fees are subject to annual revision.				Application Number		Not Yet Assigned	
				Filing Date		Herewith	
				First Named Inventor		Gregory B. Altshuler	
				Examiner Name		Not yet assigned	
				Art Unit		Not yet assigned	
				Attorney Docket No.		105090-207	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27							
TOTAL AMOUNT OF PAYMENT		(\$)		617.00			
METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)			
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account Deposit Account Number: 141449 Deposit Account Name: Nutter McClennen & Fish LLP The Director is hereby authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				3. ADDITIONAL FEES			
1. BASIC FILING FEE							
Large Entity		Small Entity					
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		Fee Paid	
1001	750	2001	375	Utility filing fee		385.00	
1002	330	2002	165	Design filing fee			
1003	520	2003	260	Plant filing fee			
1004	750	2004	375	Reissue filing fee			
1005	160	2005	80	Provisional filing fee			
SUBTOTAL (1)		(\$)		385.00			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE							
Total Claims		41		-20** =		21	
Independent Claims		4		-3** =		1	
Multiple Dependent							
Extra Claims		21		Fee from below		9.00	
Fee Paid		189.00					
Fee Paid		43.00					
SUBTOTAL (2)		(\$)		232.00			
**or number previously paid, if greater; For Reissues, see above							
Large Entity				Small Entity			
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description			
1202	18	2202	9	Claims in excess of 20			
1201	84	2201	42	Independent claims in excess of 3			
1203	280	2203	140	Multiple dependent claim, if not paid			
1204	84	2204	42	** Reissue independent claims over original patent			
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)		(\$)		232.00			
				Other fee (specify)			
				*Reduced by Basic Filing Fee Paid		SUBTOTAL (3) (\$)	
						0.00	
SUBMITTED BY							
Name (Print/Type)		Thomas J. Engellennner		Registration No. (Attorney/Agent)		28,711	
Signature				Telephone		(617) 439-2948	
				Date			
Fee Transmittal							
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Dated: November 12, 2003		Signature: 		(Thomas J. Engellennner)			